

Regular Public Meeting

October 9, 2022



**community health
center board**

Multnomah County

Public Meeting Agenda October 9, 2022 9:00-9:30 AM

Health Center Mission: *Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.*

Board Members:

Harold Odhiambo – Chair
Fabiola Arreola – Vice Chair

Pedro Sandoval Prieto – Secretary
Tamia Deary - Member-at-Large
Kerry Hoeschen – Member-at-Large

Dave Aguayo – Treasurer
Adrienne Daniels - Interim Executive Director, Community Health Center (ICS)

Darrell Wade – Board Member
Brandi Velasquez – Board Member
Aisha Hollands - Board Member
Susana Mendoza - Board Member

Our Meeting Process Focuses on the Governance of the Health Center

- Meetings are open to the public
- Guests are welcome to observe/listen
- There is no public comment period
- All guests will be muted upon entering the Zoom

Please email questions/comments to **the CHCB Liaison at CHCB.Liaison@multco.us**. Responses will be addressed within 48 hours after the meeting

Time	Topic/Presenter	Process/Desired Outcome
9:00-9:10 (10 min)	Call to Order / Welcome Harold Odhiambo, CHCB Chair	Call to order Review processes
9:10-9:15 (5 min)	Minutes Review VOTE REQUIRED Review September Public Meeting minutes for omissions/errors	Board votes to approve
9:15-9:30 (15 min)	Monthly Budget and Financial Reports Jeff Perry, Chief Financial Officer, ICS Adrienne Daniels, Interim Executive Director, ICS	Board receives updates and provides feedback
9:30	Meeting Adjourns	Thank you for your participation

Public Meeting Minutes September 12, 2022 6:00-8:00 PM (via Zoom)

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Board Members:

Harold Odhiambo – Chair

Fabiola Arreola – Vice Chair

Dave Aguayo – Treasurer (*Absent*)

Pedro Sandoval Prieto – Secretary

Tamia Deary - Member-at-Large

Kerry Hoeschen – Member-at-Large

Darrell Wade – Board Member

Brandi Velasquez – Board Member

Aisha Hollands - Board Member

Susana Mendoza -Board Member

Adrienne Daniels - Interim Executive Director, Community Health Center (ICS) (*Absent*)

Board Members Excused/Absent:

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Harold Odhiambo, CHCB Chair	The Board Chair called the meeting to order at 6:03 PM. A quorum was established with 9 members present Lucia Cabrejos and Victor Shepard in attendance (Spanish interpretation)	N/A	N/A	N/A
Consent Agenda - VOTE REQUIRED Harold Odhiambo, CHCB Chair	Harold provided an overview of the consent items (listed below) and asked if Board members had further questions. <ul style="list-style-type: none"> Finance Dinner Series Training opportunities for Board Members Exec director evaluation Stipend Memo New Provider Updates No requests from Board members to move consent agenda items for further discussion.	Motion to approve : Bee Second: Aisha Yays: - 7 Nays: - 0 Abstain: - 2 Decision: Approved		



Minutes Review - VOTE REQUIRED Review August 08, 2022 Public Meeting minutes for omissions/errors	<p>Harold asked board members to review the public meeting minutes from August 08, 2022.</p> <p>There were no recommendations or edits raised by Board members.</p>	<p>Motion to approve : Pedro Second: Kerry</p> <p>Yays: - 8 Nays: - 0 Abstain: - 1</p> <p>Decision: Approved</p>		
Meeting with Commissioner Vega Pederson Harold Odhiambo, CHCB Chair	<p>Jessica Vega Pederson is the Multnomah County Commissioner for District Three, which covers SE and East Portland. She was invited to join tonight's Public meeting to discuss priorities and continuing partnership with the Board.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Built the Preschool for All program, which created a universal system to bring the community together and serve children and families least served by the education system by providing the same access to quality and preschool today • Excited to explore how working together to ensure that our health centers are adequately serving all of our communities • Enjoyed the tour at Mid County Health Center with other Board Members • Community Health Centers are an important component of our health system, providing critical and culturally responsive services to the communities they are in • Addressed the staffing struggles currently facing the Health Centers and how important it is to ensure our staff feel valued. Would like to be involved in conversations going forward on how the County can support and collaborate with ICS and the Board's current ideas 	N/A		



	<ul style="list-style-type: none"> Agreement on challenges Mid County Clinic faces with size restraints and a larger space with more capacity would be able to serve the population better <p>Board Comments :</p> <ul style="list-style-type: none"> After the visit at Mid County Clinic you saw what that Health Center needs in terms of expansion. I think we can do something better in terms of access and a better facility. Mid County is an introductory clinic to a lot of immigrants and refugees, so as we move along it is really important to show those having their first contact with governmental services a great experience at the beginning. Looking forward to improving the relationship as Board Members with the County Commissioners and the future County Chair. Would like to ensure that the County provides the necessary support in order for us to do our due diligence as a governing Board, and to continue to serve our clients. <p>Hayden Miller, Commissioner VP contact, was also in attendance and provided contact information to Board members if they have follow-up questions or comments.</p>			
<p>Operational Reserve Policy- VOTE REQUIRED</p> <p>Jeff Perry, Chief Financial Officer, ICS</p>	<p>Jeff presented a final review of the operational reserve policy that the Board previously voted on approval for implementation. Working with the County CFO and made a few minor updates to make the reserve policy closer aligned with similar types of County policies.</p> <p>Updated language distinction that was incorporated:</p> <ul style="list-style-type: none"> Unplanned revenue shortfall Contingency reserve for expenses Identify a specified portion earn for revenue loss in a portion identified for contingencies as a percentage of program income <p>The updated language makes the policy more robust than previously presented.</p>	<p>Motion to approve: Kerry Second: Fabiola</p> <p>Yays: - 9 Nays: - 0 Abstain: - 0</p> <p>Decision: Approved</p>		



Questions:

- There is new wording in reference to the next budget cycle. Could you tell me when the next budget cycle is?
 - Yes, the budget cycle is the next fiscal year.
- With that wording, that means that the expectation is the reserves would be replaced within the fiscal year?
 - Correct.
- Theoretically, that would be almost two years? If for example, the reserves were removed right now at the beginning of the FY, they don't have to be returned until the following FY?
 - As we adopt from one budget period to the next, it can add a few additional months for replenishment but we wouldn't get to two years. The budget cycle is 12 months. That is the duration of time to replenish it. For example : We are currently in FY23 cycle which will end 6/2023. In theory funds would need to be replenished by 7/2024.
- Is this similar to the pandemic/emergency budget? Do we draw on reserve funds? What will these reserve funds do now that we no longer have the County buffer?
 - That's what this reserve is for. So, the budget that you were referring to earlier, is not part of a reserve. This is why, when you look at why we're building the reserve, it is to really ensure our Health Centers can stay running against any type of unplanned shortfalls that may happen. Because today, right now, we no longer have the enterprise fund and the general fund that used to fill a void. As an organization, we need to take it upon ourselves to make sure that we can continue consistently for our patient care, regardless of what the environment looks like.



HRSA Consolidated Appropriations Act Policy VOTE REQUIRED Anirudh Padmala, Deputy Director, ICS	<p>Anirudh presented updates to the HRSA Consolidated Appropriations Act that are updated on a yearly basis. This policy outlines requirements and adherence of the Health Center, and other applicable laws and regulations. Updates presented to Board Members include :</p> <ul style="list-style-type: none"> • Name of approver's point of contact • Name and acronym of CHCB • Defined Integrated Clinical Services • Removal of language of ACORN funding • Cleaned up names for consistency • Updated links in reference and standard sections <p>No questions were raised.</p>	<p>Motion to approve: Bee Second: Darrell</p> <p>Yays: - 8 Nays: - 1 Abstain: - 0</p> <p>Decision: Approved</p>		
Healthier Oregon Grant VOTE REQUIRED Jeff Perry, Chief Financial Officer, ICS	<p>Jeff gave a presentation on a grant opportunity for the Boards review and vote. The Oregon Legislature passed House Bill 3352, also known as the Cover All People Bill. The Bill expands health coverage to adults who would be eligible for comprehensive OHA benefits except for their immigration status, beginning in July, 22. The funds are intended to run statewide outreach engagement and education programs with the role of helping individuals navigate the system and utilize OHA benefits.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Grant would be \$350,000 • Funds intended to go to our eligibility specialists to provide outreach, enrollment and system navigation services • Funding period is from 8/1/2022 -6/30/2023 <p>Questions :</p> <ul style="list-style-type: none"> • We already have the staff for this? Or are we bringing in new staff? 	<p>Motion to approve: Darrell Second: Fabiola</p> <p>Yays: - 3 Nays: - 2 Abstain: - 4</p> <p>Decision: Does not carry</p>		



- Existing staff. We would not require bringing in any new staff to support this
- We have 2 FT staff and 1 that is less than half-time? 2.4 FTE?
 - Yes
- Would we simply be doing more of the same? Or would this be supporting new initiatives, or just rerouting how we're funding current initiatives?
 - A little bit of both. Some of the current initiatives, but it also gives us an opportunity to work with this population on after hour activities which is what we don't do today. We would be able to uphold a lot of different weekend events, and we'll be able to move within more community settings. This is an opportunity to do a lot more outreach versus what we are currently doing.
- When you say after hours events. Are you talking about, for example, mobile clinics? Or are we looking more at attending events that table this kind of activity?
 - Currently we don't have the mobile clinic out there so these would be attending community events.
- Do we have any concerns about capacity in terms of staff supporting these additional things? Will this be relying on overtime and what would we be doing to ensure their workload isn't overloaded to support these kinds of events?
 - First and foremost, we really have to be concerned, as far as the staffing and making sure that we're not reaching staff burnout or to a place where they feel like they're overworked. This is working with the existing staff in the roles that they already do. And the other piece is staff get an opportunity to reach out to this population in a different way that wasn't available to them before. And Jeff Perry: I mean, I, you know, at some point. We have to look to see when people want to get out there and really volunteer within the communities.



- When you say ‘volunteer’ these are paid roles, correct? Our concern is with that wording and if possible that to be updated.
 - Yes, these are paid roles. We can change the language if there is a specific verbiage you would like to update.
- Can you please clarify a little bit more so that it's not causing confusion? I believe there's similar work dedicated to getting work like this for staff, in example providing more outreach. If you can clarify so that people can be able to see the utilization of the staff I mean that normally gets to do this work? It's just not coming out clear.
 - This is a part of the day to day responsibilities that staff are performing today. From that avenue, nothing added within the job work. What might be in addition to the current roles is the outreach as we don't have an opportunity to do a lot of that today. The Eligibility Specialists currently volunteer to go to events. This is giving us an opportunity to work these events and be able to get reimbursed for it from a different source.
- Are we looking at an emergency meeting to pass this?
 - We could potentially bring back a report to you all related to the concerns around staffing impacts, so that you can continue to be informed of what is happening around your concern. If that is something of interest?
 - Yes, that would be helpful.

Board members expressed concern about the current language. Comments from the Board on updating the wording to reflect concerns about capacity and impact to staff to bring back at a future meeting. The Board would like to ensure this additional money doesn't put additional strain on the current staff without that being part of how the funds are spent. Jeff to work on getting further clarity for Board members' questions and concerns around this grant. The Board remains committed to looking out for staff and continuing retention and their well being.



<p>Retreat and Strategic Planning Update Anirudh Padmala, Deputy Director, ICS</p>	<p>Anirudh provided a Strategic Retreat Planning update and wanted to confirm availability on date for Board Members. Board members were previously sent a survey on availability, feedback and preferences for the next retreat. Two dates were narrowed down and after confirming availability with our consultant at JSI who will lead the training, October 9th, 2022 was selected. Harold made note that in past retreat planning, they have also combined the public meeting and strategic planning retreat and that is an option.</p> <p>Questions :</p> <ul style="list-style-type: none"> • What would be the time on Oct. 9th? <ul style="list-style-type: none"> ○ We have the option to do a morning or full day based on your availability. Potentially 8am-4pm, with lunch provided and breaks. • Would this be virtual or in-person? <ul style="list-style-type: none"> ○ Results from the survey indicated that in-person at an outdoor space was preferred. We will have a plan B if weather doesn't permit outdoor as well. <p>Board members commented on needing enough time to do the work and last year felt too short. Tamia also requested access to see comments and suggestions from the survey results by the next Executive Committee meeting.</p> <p>Roll call for Board Members availability showed :</p> <p>6 yes, 2 no, 1 maybe</p>	N/A		
10 Minute Break				
<p>Q2 Patient Satisfaction and Surveys Linda Niksich, Program Specialist Sr, ICS</p>	<p>Linda gave a presentation on the overview for Q2 results from the Patient Satisfaction Survey.</p> <p>Highlights :</p> <ul style="list-style-type: none"> • Behavioral Health was added for Q2 with 80 surveys completed 	N/A		



- Overall satisfaction
 - 93% patients reporting good or excellent which reflects the same as Q1 and just 2% below Q4 of last year
 - Lower scores, similar to Q1, are from our Asian population which may be the sign of a trend
- Loyalty and referral intentions
 - Lower scores reported from our Cantonese and Russian speakers as also backed up by our Asian population
- Phone access scores
 - Patients reporting an over 15 minutes wait time went down by 8% between Q1 and Q2
 - 88% reporting phone attendant courtesy and helpfulness as good or excellent
- Dental
 - 84% of Dental patients surveyed rate overall satisfaction as an 8 or higher (on a scale from 1-10). Which is down 4% from Q1
- Pharmacy
 - 73% of our patients that filled their prescriptions, used our in-house pharmacies which is an increase from Q1
 - 97% reporting good or excellent which is up 3% from Q1
 - Convenient location is the #1 answer for why patients choose their pharmacy. No significant difference between those patients who chose our pharmacies vs an alternatives

Questions :

- Will you be adding in the survey for STD clinics as well? For transmissible diseases?
 - The clinics included in these surveys are our primary care clinics. You may be referring to the communicable disease clinic that's under Public Health which is not part of our program



<p>Monthly Budget Report and Financial Reports</p> <p>Jeff Perry, Chief Financial Officer, ICS Anirudh Padmala, Deputy Director, ICS</p>	<p>Jeff presented the monthly budget report.</p> <p>FY22 Highlights :</p> <ul style="list-style-type: none"> • Revenue \$161.1m = 160% of budget • Expenses \$134.9m =86% of budget • Surplus \$32.1m • Pharmacy and PC covered losses we occurred • Incurred \$26.6m worth of combined indirect and internal expense services <p>Anirudh provided updates on the monthly Vacancy Report.</p> <ul style="list-style-type: none"> • 160 vacant positions / 155 are non-duplicated • 68% in active recruitment or final hiring stage • Average length to fill vacancies is lower from previous month report • Number of direct revenue vacancies increased this month, as new budgeted positions were added <p>No questions were raised.</p>	N/A		
<p>NACHC Conference Member Experience</p> <p>CHCB Members share brief report out and learnings</p>	<p>Board members, Bee, Darrell and Tamia, attended the NACHC Conference in Chicago, provided feedback.</p> <p>Bee: Appreciated the opportunity and felt that this in-person boot camp helped better understand the roles and responsibilities of Board Members with a more hands on experience. Overall, great experience and it was great sharing a voice, networking and soaking in the knowledge of others to continue the advocacy we all do.</p> <p>Tamia: Enjoyed the conference and agenda. A few favorites were the conferences on suicide prevention and DEI. Enjoyed spending time with other Board members but felt the general meetings were a bit too large for the current pandemic status. Overall, it was a benefit for everyone and is looking forward to more professional development opportunities.</p> <p><i>Darrell left the meeting and was unable to give comment</i></p>	N/A		



Board/Committee Updates Harold Odhiambo, CHCB Chair Dr Aisha Hollands, CHCB CEO Search Committee Team Lead Tamia Deary, CHCB Member at Large and Quality Committee Lead David Aguayo, CHCB Treasurer	<p>Dr. Hollands presented on CEO recruitment : As a reminder we have been working with MOTUS recruitment. As a committee, we meet weekly with the project manager to develop, create and align with the selection process in order to best meet the needs for the future ED. We have 175 applicants and are working diligently to narrow down to 10 candidates from survey results and listening sessions. We have reviewed the top 10 candidates with MOTUS and narrowed it down to 5. Interviews begin this week. Board colleges received an email with updates and next steps in this process.</p> <p>Tamia presented on the Quality Committee: Next Quality Committee meeting is September 13 so not much to update on at this time. Linda's presentation today was reviewed at a previous QualComm meeting and made note of the crossroads selected and added additional languages to the survey list which is improving our ability to hear from our clients who speak different languages.</p> <p>Jeff Perry presented on the Finance Committee: Walked through the year end close and is looking good on where we stand. Discussing updates on the operational reserve policy as they come in. We are still seeking members to join FinComm.</p> <p>Harold presented on the Executive Committee: Working on several Board priorities including; policy renewals, strategic planning updates and starting the Finance Dinner series to discuss budgeting and supportive budget/financial training for Board members.</p>	N/A		
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**Strategic Updates**

Anirudh Padmala, Deputy
Director, ICS

Anirudh Padmala, ICS Deputy Director, presented the strategic update for the health center on behalf of Adrienne. The updates include:

N/A

1. Patient and community voice:
 - a. We celebrated National Health Center Week on August 11, 2022 at the Rockwood Community Health Center. Patient and Board Secretary Pedro Sandoval was honored for his service and continued dedication to the Board.
2. Workforce:
 - a. Conducted Clinic focus groups with La Clinica staff to get their input for the redesign of the upcoming expanded clinic to ensure we have the best functionality of the new health center for patients and staff.
 - b. Pharmacy staff have launched an “All Are Welcome Here” campaign in response to creating a culture of safety, respect, and support for both staff and the patients.
3. Fiscal responsibility:
 - a. Financial operations meetings kicked off this month with each service line. The goal is to ensure staff have a clear understanding on the connection between budget performance and access to care.
 - b. ARPA Investment process shows 11% of funds went to staff wellness, 42% for staffing needs, 21% towards healthcare for homeless and the remaining for technological advances and/or replacement equipment for our health centers
4. Equitable treatment:
 - a. Vaccines for hMPXV are now available for all of our patients, in partnership with Public Health, at our downtown Health Services Center and at community outreach events.
5. Noted Board priorities and projects:
 - a. Facilities Costs
 - i. Facilities Director has completed an analysis and presented the information to Executive Committee, and presented this information to the full board in June



	<ul style="list-style-type: none">ii. Vacant space costs have been credited and working progress for crediting for FY22b. Discretionary Fund<ul style="list-style-type: none">i. The policy was approved by CHCB back in July of this year and the funding structure is being developed. Currently working on requirements to the policyc. FTCA Coverage<ul style="list-style-type: none">i. Project manager met with HR, Risk Management, and Training to outline what is still needed in order to be completed before an application is submittedd. Legal Counsel Contract<ul style="list-style-type: none">i. Completee. Data and Privacy Consultant<ul style="list-style-type: none">i. Data and privacy consultant interviews are completed. The consultant will be working on recommendations and presentation dates that will be presented to the Quality Committee and Executive Committee in the near futuref. Media and Advocacy Opportunities<ul style="list-style-type: none">i. National Health Center Week was celebrated on August 11ii. September is National Recovery Month. Health Center communications team is working with the clinic teams on public messagingg. Financial Policy Updates<ul style="list-style-type: none">i. Complete			
Meeting Adjourns	Meeting adjourned at 8:21 PM			Next public meeting scheduled on

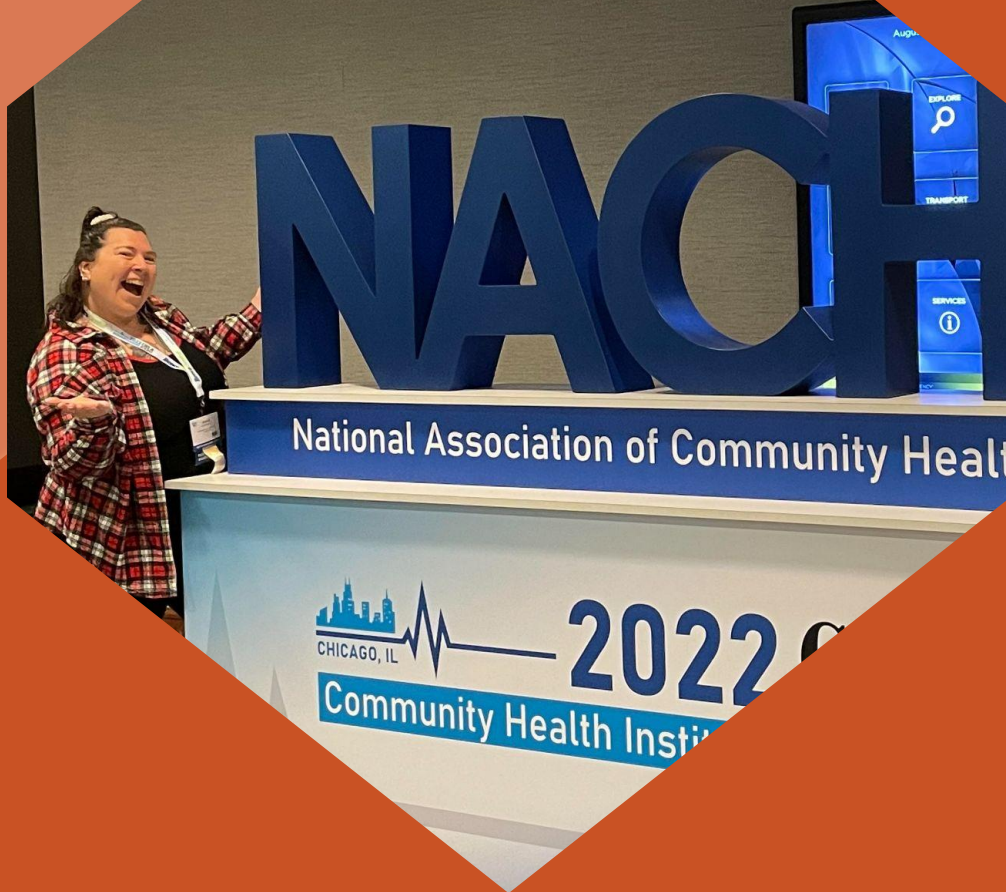


				10/10/22
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Signed: _____ Date: _____
Pedro Prieto Sandoval, Secretary

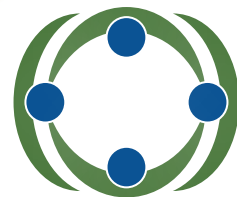
Signed: _____ Date: _____
Harold Odhiambo, Board Chair

Scribe taker name/email:
Crystal Cook
crystal.cook@multco.us



Monthly Financial Packet

October 2022



**community health
center board**

Multnomah County

Item 1. A revenue and expense monthly report.

Item 2. A modified and accrued monthly report with balance sheet accounts such as cash, accounts receivable, reserves, incentives, and accounts payable (*Board Members sent Excel spreadsheet*)

Item 3. A projection of health center monthly cash requirements in a user-friendly format, using Excel or other spreadsheet applications, to display projected cash balances for each month for the next 12 months (*Board Members sent Excel spreadsheet*)

Item 4. A monthly report from the health department on all health center vacancies by position, length of vacancy, status of efforts to fill the position and financial costs of each vacancy.

Item 5. A report with Itemized general journal entries, including adjustments to health center general fund sub-funds, and transfers of health center resources. (*Board Members sent Excel spreadsheet*)

Item 6. A summary report for all indirect cost charges and internal services charges

A stylized graphic on the left side of the page. It features two dark green mountain peaks with rounded tops. Below the mountains is a dark green wavy line representing a shoreline or a body of water. At the bottom is a solid dark blue area representing water. The entire graphic is composed of simple geometric shapes and solid colors.

Multnomah County Federally Qualified Health Center

Monthly Financial Reporting Package

July FY 2023

Updated 9/27/2022

Prepared by: Financial and Business Management Division



Multnomah County Health Department
Community Health Center Board - Financial Statement

For Period Ending July 31, 2022

Percentage of Year Complete: 8.3%

Community Health Center - Monthly Highlights

Financial Statement:

For period 1 in Fiscal Year 2023 (July 2022 - June 2023)

	<u>YTD Actuals</u>	<u>Budget</u>	<u>Difference</u>	<u>% of Budget</u> <u>YTD</u>
<u>Revenue:</u>	\$ 12,754,081	\$ 166,436,730	\$ 153,682,649	8%
<u>Expenditures:</u>	\$ 11,200,607	\$ 166,436,730	\$ 155,236,123	7%
<u>Surplus/(Deficit)</u>	\$ 1,553,475			





Multnomah County Health Department Community Health Center Board - Financial Statement

For Period Ending July 31, 2022

Percentage of Year Complete: 8.3%

Community Health Center

	Adopted Budget	Revised Budget	Budget Change	01 July	Year to Date Total	% YTD	FY22 YE Actuals
Revenue							
Miscellaneous Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ 2,042
Grants - PC 330 (BPHC)	\$ 9,809,191	\$ 9,809,191	\$ -	\$ -	\$ -	0%	\$ 8,880,564
Grants - COVID-19	\$ 8,075,272	\$ 8,075,272	\$ -	\$ -	\$ -	0%	\$ 7,437,487
Grants - All Other	\$ 4,774,390	\$ 4,774,390	\$ -	\$ -	\$ -	0%	\$ 4,008,471
Grant Revenue Accrual	\$ -	\$ -	\$ -	\$ 2,431,287	\$ 2,431,287	0%	\$ -
Quality & Incentives Payments	\$ 7,671,495	\$ 7,671,495	\$ -	\$ 156,788	\$ 156,788	2%	\$ 9,910,993
Health Center Fees	\$ 131,217,155	\$ 131,217,155	\$ -	\$ 9,796,155	\$ 9,796,155	7%	\$ 132,854,683
Self Pay Client Fees	\$ 1,089,227	\$ 1,089,227	\$ -	\$ 53,184	\$ 53,184	5%	\$ 680,758
Beginning Working Capital	\$ 3,800,000	\$ 3,800,000	\$ -	\$ 316,667	\$ 316,667	8%	\$ 3,298,126
Total	\$ 166,436,730	\$ 166,436,730	\$ -	\$ 12,754,081	\$ 12,754,081	8%	\$ 167,073,124
Expense							
Personnel	\$ 106,322,509	\$ 106,322,509	\$ -	\$ 6,717,956	\$ 6,717,956	6%	\$ 82,144,356
Contracts	\$ 3,518,134	\$ 3,518,134	\$ -	\$ 238,767	\$ 238,767	7%	\$ 5,571,994
Materials and Services	\$ 25,949,574	\$ 25,949,574	\$ -	\$ 3,012,875	\$ 3,012,875	12%	\$ 20,538,983
Internal Services	\$ 30,296,513	\$ 30,296,513	\$ -	\$ 1,231,009	\$ 1,231,009	4%	\$ 26,603,582
Capital Outlay	\$ 350,000	\$ 350,000	\$ -	\$ -	\$ -	0%	\$ 94,279
Total	\$ 166,436,730	\$ 166,436,730	\$ -	\$ 11,200,607	\$ 11,200,607	7%	\$ 134,953,193
Surplus/(Deficit)	\$ -	\$ -	\$ -	\$ 1,553,474	\$ 1,553,474		\$ 32,119,931





Multnomah County Health Department

Community Health Center Board

FY 2023 YTD Actual Revenues & Expenses by Program Group

For Period Ending July 31, 2022

Percentage of Year Complete: 8.3%

	Category	Description	Admin	Dental	Pharmacy	Primary Care Clinics	Quality & Compliance	Student Health Centers
Revenues		Miscellaneous Revenue	-	-	-	-	-	-
		Grants - PC 330 (BPHC)	-	-	-	-	-	-
		Grants - COVID-19	-	-	-	-	-	-
		Grants - All Other	-	-	-	-	-	-
		Grant Revenue Accrual	1,602,141	55,014	-	525,735	-	57,817
		Quality & Incentives Payments	117,591	-	-	-	39,197	-
		Health Center Fees	12,000	1,360,230	2,662,633	5,335,417	2,295	96,328
		Self Pay Client Fees	-	4,561	24,563	24,055	-	-
		Beginning Working Capital	275,000	-	-	-	41,667	-
Revenues Total			2,006,732	1,419,805	2,687,196	5,885,207	83,159	154,145
Expenditures		Personnel Total	1,395,295	1,417,893	702,527	2,394,759	164,171	239,439
		Contractual Services Total	168,116	6,247	4,099	52,912	496	5,585
		Internal Services Total	226,802	243,336	149,954	436,938	31,249	67,323
		Materials & Supplies Total	1,310,893	66,401	1,530,867	76,704	705	7,784
		Capital Outlay Total	-	-	-	-	-	-
Expenditures Total			3,101,106	1,733,877	2,387,447	2,961,313	196,621	320,131
Net Income/(Loss)			(1,094,374)	(314,072)	299,749	2,923,894	(113,462)	(165,986)
Total BWC from Prior Years			36,941,462	-	-	15,850	500,000	-





Multnomah County Health Department Community Health Center Board

FY 2023 YTD Actual Revenues & Expenses by Program Group

For Period Ending July 31, 2022

Percentage of Year Complete: 8.3%

		HIV Clinic	Lab	Y-T-D Actual	Y-T-D Budget	Revised Budget	% of Budget	FY22 YE Actuals
Category	Description							
Revenues	Miscellaneous Revenue	-	-	-	-	-	0%	2,042
	Grants - PC 330 (BPHC)	-	-	-	817,433	9,809,191	0%	8,880,564
	Grants - COVID-19	-	-	-	672,939	8,075,272	0%	7,437,487
	Grants - All Other	-	-	-	397,866	4,774,390	0%	4,008,471
	Grant Revenue Accrual	190,580	-	2,431,287	-	-	0%	-
	Quality & Incentives Payments	-	-	156,788	639,291	7,671,495	2%	9,910,993
	Health Center Fees	327,252	-	9,796,155	10,934,763	131,217,155	7%	132,854,683
	Self Pay Client Fees	5	-	53,184	90,769	1,089,227	5%	680,758
	Beginning Working Capital	-	-	316,667	316,667	3,800,000	8%	3,298,126
Revenues Total		517,837	-	12,754,081	13,869,728	166,436,730	8%	167,073,124
Expenditures	Personnel Total	275,573	128,299	6,717,956	8,860,209	106,322,509	6%	82,144,356
	Contractual Services Total	1,252	60	238,767	293,178	3,518,134	7%	5,571,994
	Internal Services Total	50,247	25,160	1,231,009	2,524,709	30,296,513	4%	26,603,582
	Materials & Supplies Total	5,830	13,691	3,012,875	2,162,465	25,949,574	12%	20,538,983
	Capital Outlay Total	-	-	-	29,167	350,000	0%	94,279
Expenditures Total		332,902	167,210	11,200,607	13,869,728	166,436,730	7%	134,953,194
Net Income/(Loss)		184,935	(167,210)	1,553,474	-	-		32,119,930
Total BWC from Prior Years		896,489	-	38,353,801				





Multnomah County Health Department
Community Health Center Board
FY 2023 Program Revenue by Fiscal Period
For Period Ending July 31, 2022
Percentage of Year Complete: 8.3%

Revenue Category	01 July	02 August	03 September	04 October	05 November	06 December	Grand Total
Health Center Fees							
Program Income	9,794,113	-	-	-	-	-	9,794,113
Other	2,042	-	-	-	-	-	2,042
Health Center Fees Total	9,796,155	-	-	-	-	-	9,796,155
Self Pay Client Fees							
Program Income	53,184	-	-	-	-	-	53,184
Other	-	-	-	-	-	-	-
Self Pay Client Fees Total	53,184	-	-	-	-	-	53,184
Grand Total	9,849,339	-	-	-	-	-	9,849,339





Multnomah County Health Department
Community Health Center Board
FY 2023 YTD Internal Services Expenditures by Program Group
For Period Ending July 31, 2022
Percentage of Year Complete: 8.3%

GL Name	Administrative	Dental	HIV Clinic	Lab	Pharmacy	Primary Care Clinics	Quality and Compliance	Student Health Centers	Grand Total
Indirect Expense	179,390	190,568	30,100	17,243	94,422	321,845	22,065	29,179	884,812
Internal Service Data Processing	37,516	39,079	19,119	4,622	40,728	90,145	8,384	16,941	256,534
Internal Service Distribution	3,584	8,446	92	2,592	2,158	7,904	752	18,251	43,779
Internal Service Facilities Service Requests	6,145	2,878	221	-	10,352	14,573	-	2,851	37,020
Internal Service Fleet Services	-	114	-	-	-	-	-	-	114
Internal Service Motor Pool	64	15	11	-	9	5	48	64	216
Internal Service Other	75	1,374	-	-	-	640	-	-	2,089
Internal Service Records	28	862	704	703	2,285	1,826	-	37	6,445
Grand Total	226,802	243,336	50,247	25,160	149,954	436,938	31,249	67,323	1,231,009





Multnomah County Health Department
Community Health Center Board
FY 2023 Internal Services Expenditures by Fiscal Period
For Period Ending July 31, 2022
Percentage of Year Complete: 8.3%

Category	01 July	Grand Total	Total Budget	YTD % of Budget
Indirect Expense	884,812	884,812	13,228,133	6.7%
Internal Service Data Processing	256,534	256,534	10,020,693	2.6%
Internal Service Distribution	43,779	43,779	525,575	8.3%
Internal Service Enhanced Building Services	-	-	1,164,363	0.0% (5)
Internal Service Facilities & Property Management	-	-	4,043,263	0.0% (5)
Internal Service Facilities Service Requests	37,020	37,020	336,434	11.0%
Internal Service Fleet Services	114	114	22,019	0.5%
Internal Service Motor Pool	216	216	5,123	4.2%
Internal Service Other	2,089	2,089	-	0.0%
Internal Service Records	6,445	6,445	104,143	6.2%
Internal Service Reimbursement	-	-	-	0.0%
Internal Service Telecommunications	-	-	846,767	0.0%
Grand Total	1,231,009	1,231,009	30,296,513	





Multnomah County Health Department Community Health Center Board - Notes & Definitions

For Period Ending July 31, 2022

Percentage of Year Complete: 8.3%

Community Health Center - Footnotes:

(5) Internal Services - Enhanced Building Services & Facilities posted typically one month in arrears

Capital Outlay costs are primarily for Pharmacy and Lab programs, amounts include software upgrades and new lab equipment.

The Revised Budget differs from the Adopted Budget due to budget modifications, see those listed on the budget adjustments page.

All non-ICS Service Programs were removed from the health center scope effective June 30th, 2021.

Administrative Programs include the following: ICS Administration, ICS Health Center Operations, ICS Primary Care Admin & Support





Multnomah County Health Department
Community Health Center Board - Notes & Definitions
For Period Ending July 31, 2022
Percentage of Year Complete: 8.3%

Community Health Center - Definitions

Budget: Adopted budget is the financial plan adopted by the Board of County Commissioners for the current fiscal year. Revised Budget is the Adopted budget plus any changes made through budget modifications as of the current period.

Revenue: are tax and non-tax generated resources that are used to pay for services.

General Fund 1000: The primary sources of revenue are property taxes, business income taxes, motor vehicle rental taxes, service charges, intergovernmental revenue, fees and permits, and interest income.

Miscellaneous Revenue: Revenues from services provided from Pharmacy related activities, including: refunds from outdated/recalled medications and reimbursements from the state for TB and STD medications.

Grants – PC 330 (BPHC): Federal funding from the Bureau of Primary Care (BPHC) at the Health Resources and Services Administration (HRSA). Funding is awarded to federally qualified health centers (FQHC) to support services to un-/under-insured clients. This grant is awarded on a calendar year, January to December. Sometimes called the 330 grant, the H80 grant or the HRSA grant. Invoicing typically occurs one month after the close of the period because this is a cost reimbursement grant.

Grants - COVID-19, Fund 1515: Accounts for revenues and expenditures associated with the County's COVID-19 public health emergency response. Expenditures are restricted to public health services, medical services, human services, and measures taken to facilitate COVID-19 public health measures (e.g., care for homeless population). Revenues are primarily from federal, state and local sources directed at COVID relief.

Grants – All Other, Federal/State Fund 1505: Accounts for the majority of grant restricted revenues and expenditures related to funding received from federal, state and local programs. The fund also includes some non-restricted operational revenues in the form of fees and licenses.

Quality & Incentives Payments (formerly Grants – Incentives): Payments received for serving Medicaid clients and achieving specific quality metrics and health outcomes

Grant Revenue Accrual: Accrual amounts for current and prior periods

Health Center Fees: Revenue from services provided in the clinics that are payable by insurance companies.

Self Pay Client Fees: Revenue from services provided in the clinics that are payable by our clients.

Beginning working capital: Funding that has been earned in a previous period but unspent. It is then carried over into the next fiscal year to cover expenses in the current period if needed. Current balances have been earned over multiple years.

Write-offs: A write-off is a cancellation from an account of a bad debt. The health department cancels bad debt when it has determined that it is uncollectible.





Multnomah County Health Department
Community Health Center Board - Notes & Definitions
For Period Ending July 31, 2022
Percentage of Year Complete: 8.3%

Community Health Centers - Definitions cont.

Expenses: are what the County spends to provide services to the community. Expenditure categories include personnel, materials and supplies, internal services, contracted services, and capital.

Personnel: Costs of salaries and benefits. Includes the cost of temporary employees.

Contracts: professional services that are provided by non County employees: e.g., lab and x-ray services, interpretation services, etc.

Materials and Services: non personnel expenses the program needs to perform its mission: e.g., medical and dental supplies, repairs & maintenance, supplies, etc.

<u>Internal Services</u>	<u>Allocation Method</u>
Facilities/Building Mgmt	FTE Count Allocation
IT/Data Processing	PC Inventory, Multco Align
Department Indirect	FTE Count (Health HR, Health Business Ops)
Central Indirect	FTE Count (HR, Legal, Central Accounting)
Telecommunications	Telephone Inventory
Mai/Distribution	Active Mail Stops, Frequency, Volume
Records	Items Archived and Items Retrieved
Motor Pool	Actual Usage

Capital Outlay: Capital Expenditures- purchase of capital items that cost \$5,000 or more that have an expected useful life of more than one fiscal year: e.g., medical and dental equipment.

Unearned revenue is generated when the County receives payment in advance for a particular grant or program. The funding is generally restricted to a specific purpose, and the revenue will be earned and recorded when certain criteria are met (spending the funds on the specified program, meeting benchmarks, etc.) The unearned revenue balance is considered a liability because the County has an obligation to spend the funds in a particular manner or meet certain programmatic goals. If these obligations are not met, the funder may require repayment of these funds.





Multnomah County Health Department

Community Health Center Board - Budget Adjustments

For Period Ending July 31, 2022

Percentage of Year Complete: 8.3%

Community Health Centers

	Original Adopted Budget			Revised Budget	Budget Modifications
Revenue					
Grants - PC 330 (BPHC)	\$ 9,809,191	\$ -	\$ -	\$ 9,809,191	\$ -
Grants - COVID-19	\$ 8,075,272	\$ -	\$ -	\$ 8,075,272	\$ -
Grants - All Other	\$ 4,774,390	\$ -	\$ -	\$ 4,774,390	\$ -
Medicaid Quality & Incentives	\$ 7,671,495	\$ -	\$ -	\$ 7,671,495	\$ -
Health Center Fees	\$ 131,217,155	\$ -	\$ -	\$ 131,217,155	\$ -
Self Pay Client Fees	\$ 1,089,227	\$ -	\$ -	\$ 1,089,227	\$ -
Beginning Working Capital	\$ 3,800,000	\$ -	\$ -	\$ 3,800,000	\$ -
Total	\$ 166,436,730	\$ -	\$ -	\$ 166,436,730	\$ -
Expense					
Personnel	\$ 106,322,509	\$ -	\$ -	\$ 106,322,509	\$ -
Contracts	\$ 3,518,134	\$ -	\$ -	\$ 3,518,134	\$ -
Materials and Services	\$ 25,949,574	\$ -	\$ -	\$ 25,949,574	\$ -
Internal Services	\$ 30,296,513	\$ -	\$ -	\$ 30,296,513	\$ -
Capital Outlay	\$ 350,000	\$ -	\$ -	\$ 350,000	\$ -
Total	\$ 166,436,730	\$ -	\$ -	\$ 166,436,730	\$ -



3. Balance Sheet (incl Trial Balance)

Balance Sheet (Full Accrual) As of July 31, 2022

	July	June	\$ Change	% Change
ASSETS				
10000:Cash	\$ 85,840,201	\$ 82,232,379	\$ 3,607,821	4 %
10100:Undeposited Payments	6,255	93	6,162	6618 %
10450:Investments - Local Government Investment Pool (LGIP)	908,673	869,789	38,885	4 %
10600:Interfund Cash Clearing	(59,157,116)	(53,991,982)	(5,165,134)	10 %
Cash & Cash Equivalents	\$ 27,598,013	\$ 29,110,279	\$ (1,512,266)	(5)%
CURRENT ASSETS				
72100:Accounts Receivable, General	\$ 15,742,342	\$ 13,622,420	\$ 2,119,922	16 %
20345:Allowance for Discounts & Returns	(1,694,477)	(1,766,749)	72,272	(4)%
Accounts Receivable, Net	14,047,865	11,855,671	2,192,194	18 %
20602:Prepaid Other Expenses	-	80,781	(80,781)	(100)%
Current Assets	\$ 41,645,877	\$ 41,046,730	\$ 599,147	1 %
NON-CURRENT ASSETS				
40070:Buildings - Asset	\$ 2,134,899	\$ 2,134,899	\$ -	0 %
40090:Machinery & Equipment - Asset	1,665,917	1,665,917	-	0 %
41070:Accumulated Depreciation - Buildings	(414,875)	(410,427)	(4,448)	1 %
41090:Accumulated Depreciation - Machinery & Equipment	(1,490,915)	(1,480,805)	(10,110)	1 %
Non-Current Assets	\$ 1,895,026	\$ 1,909,583	\$ (14,557)	(1)%
Total Assets	\$ 43,540,903	\$ 42,956,313	\$ 584,590	1 %
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
70000:Accounts Payable, General	\$ 1,124,124	\$ 892,683	\$ (231,441)	26 %
30090:Payroll Payable	1,337,395	1,381,064	43,669	(3)%
30805:Accrued Payables	-	36,354	36,354	(100)%
30830:Procurement Cards Payable	198,227	12,552	(185,675)	1479 %
30831:MMP-Card Clearing	(315)	(315)	-	0 %
30905:Unearned Revenue, Health Department	334,117	334,117	-	0 %
Current Liabilities	\$ 2,993,549	\$ 2,656,455	\$ (337,094)	13 %
Total Liabilities	\$ 2,993,549	\$ 2,656,455	\$ (337,094)	13 %
Net Assets	\$ 40,547,355	\$ 40,299,858	\$ 921,684	1 %
Total Liabilities & Net Assets	\$ 43,540,903	\$ 42,956,313	\$ 584,590	1 %

7. Modified Balance Sheet (incl Trial Balance)

Balance Sheet (Modified - Operational) As of July 31, 2022

	July	June	\$ Change	% Change
ASSETS				
10000:Cash	\$ 85,840,201	\$ 82,232,379	\$ 3,607,821	4 %
10100:Undeposited Payments	6,255	93	6,162	6618 %
10450:Investments - Local Government Investment Pool (LGIP)	908,673	869,789	38,885	4 %
10600:Interfund Cash Clearing	(59,157,116)	(53,991,982)	(5,165,134)	10 %
Cash & Cash Equivalents	\$ 27,598,013	\$ 29,110,279	\$ (1,512,266)	(5)%
CURRENT ASSETS				
72100:Accounts Receivable, General	\$ 15,742,342	\$ 13,622,420	\$ 2,119,922	16 %
20345:Allowance for Discounts & Returns	(1,694,477)	(1,766,749)	72,272	(4)%
Accounts Receivable, Net	14,047,865	11,855,671	2,192,194	18 %
20602:Prepaid Other Expenses	-	80,781	(80,781)	(100)%
Current Assets	\$ 41,645,877	\$ 41,046,730	\$ 599,147	1 %
Total Assets	41,645,877	41,046,730	599,147	1 %
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
70000:Accounts Payable, General	\$ 1,124,124	\$ 892,683	\$ (231,441)	26 %
30090:Payroll Payable	1,337,395	1,381,064	43,669	(3)%
30805:Accrued Payables	-	36,354	36,354	(100)%
30830:Procurement Cards Payable	198,227	12,552	(185,675)	1479 %
30831:MMP-Card Clearing	(315)	(315)	-	0 %
30905:Unearned Revenue, Health Department	334,117	334,117	-	0 %
Current Liabilities	\$ 2,993,549	\$ 2,656,455	\$ (337,094)	13 %
Total Liabilities	\$ 2,993,549	\$ 2,656,455	\$ (337,094)	13 %
Net Assets	\$ 38,652,329	\$ 38,390,275	\$ 936,241	1 %
Total Liabilities & Net Assets	\$ 41,645,877	\$ 41,046,730	\$ 599,147	1 %

Vacancy Report: October 2022

Represents vacancies as of Oct 3, 2022

Total Vacant Positions, October 2022	149
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Table 1: Vacant Positions without duplication		#	Increase or Decrease over previous month	Explanation / Definitions
Total non duplicated vacancies		139	Decrease	These are the total number of positions which are vacant and planned for recruitment.
Non duplicated: Not posted		39	Decrease	Of the total number of planned recruitments this represents the number of positions which have not been posted or started the recruitment process. It is measured by total budgeted roles.
Non duplicated: Posted for recruitment		36	Decrease	Total non duplicated roles which are in active recruitment. Active recruitment is measured by: posted on internal and / or external platforms for candidates to apply to or are in a review stage by HR or managers to evaluate qualifications for the role.
Non duplicated: Interview or final hire stage		64	Increase	Total non duplicated roles which are in the final stages of recruitment. Final stage is measured by completing reference checks, issuing an offer letter, or completed offers with a future hire date.
Non Duplicated Vacancy Data		Days	Explanation / Definition	
Average vacancy length (days)		180	Increase	This represents the average time to fill a vacancy for all planned recruitments. The average time measures all time that a budgeted position is not filled, which means it includes vacancies not in current recruitment.
Average Time to Fill (days)		69.0	New measure	Average time to fill represents the time to complete a recruitment once posted through the final offer. It is an average of total active open positions it takes recruiting department and managers to fill a posted vacancy. The national average for healthcare organizations for the time to fill for registered nurses averages 89 days based on a recent report from the Organization of Nurse Leaders. Other organizations report an average of 132 days, approximately three times as long compared to pre-COVID19 operations.

Financial impact of non-duplicated vacancies		Days / \$\$	Explanation / Definition
Total FTE associated with direct revenue vacancies		43.58	Slight increase
Estimated sum of lost revenue		\$5,206,632.00	Slight increase

Table 2: Duplicate, inactive vacancies		#	Increase or Decrease over previous month	Explanation / Definition
Total duplicated, inactive vacancies		10	Increase	This represents the number of vacancies which are recorded within our health center but are duplicated due to work out of class assignments, filled by temp staff, or under review based on operational need of the program. These positions are not currently considered active recruitments.

Financial impact of duplicated, inactive vacancies		Days / \$\$	Explanation / Definition
Total FTE associated with direct revenue, inactive vacancies		2	Increase
Estimated sum of lost revenue		\$88,530.00	Decrease

Total vacancies by position (includes duplication)

Red box indicates a direct revenue vacancy that is inactive or is about to be filled.

Program Group	Job Title	FY22 Budgeted FTE	Vacant Since	Days Vacant	Estimated Financial Impact to date (total annual revenue x days vacant)	Notes
HD FQHC ICS Administration	Clinical Psychologist	1.00	7/13/2022	79		Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic	Clinical Services Specialist	1.00	4/11/2022	172	\$70,685	Non duplicated: Interview or final hire stage
HD FQHC ICS Administration	Clinical Services Specialist	1.00	7/22/2022	70	\$28,767	Non duplicated: Not posted
HD FQHC ICS Administration	Clinical Services Specialist	1.00	7/22/2022	70	\$28,767	Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Clinical Services Specialist	0.68	9/1/2022	29	\$8,104	Non duplicated: Posted for recruitment
HD FQHC HIV Clinic	Clinical Services Specialist	1.00	3/16/2022	198	\$81,370	Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Community Health Nurse	1.00	5/7/2022	146	\$80,000	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Administration and Support	Community Health Nurse	1.00	7/13/2022	79	\$43,288	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Administration and Support	Community Health Nurse	1.00	7/13/2022	79	\$43,288	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Administration and Support	Community Health Nurse	1.00	7/13/2022	79	\$43,288	Non duplicated: Interview or final hire stage
HD FQHC Quality and Compliance	Community Health Nurse	1.00	4/23/2022	160	\$87,671	Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic	Community Health Nurse	0.80	5/14/2022	139	\$60,932	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Community Health Nurse	1.00	7/5/2022	87	\$47,671	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Community Health Nurse	1.00	8/26/2022	35	\$19,178	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Community Health Nurse	1.00	10/23/2021	342	\$187,397	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Community Health Nurse	1.00	10/30/2021	335	\$183,562	Non duplicated: Posted for recruitment
HD FQHC HIV Clinic	Community Health Specialist 2	1.00	7/26/2022	66	\$2,387	Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic	Community Health Specialist 2	1.00	8/29/2022	32	\$1,157	Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic	Community Health Specialist 2	1.00	2/21/2022	221	\$7,992	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Administration and Support	Community Health Specialist 2	0.80	11/17/2021	317	\$9,171	Non duplicated: Posted for recruitment
HD FQHC Primary Care Administration and Support	Community Health Specialist 2	1.00	6/8/2022	114	\$4,123	Non duplicated: Posted for recruitment
HD FQHC Primary Care Administration and Support	Community Health Specialist 2	1.00	7/9/2021	448	\$16,202	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Community Health Specialist 2	1.00	3/16/2022	198	\$7,161	Total duplicated, inactive vacancies
HD FQHC Dental	Dental Assistant (EFDA)	1.00	8/11/2022	50		Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Assistant (EFDA)	0.75	8/12/2022	49		Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Assistant (EFDA)	1.00	8/1/2022	60		Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Assistant (EFDA)	1.00	7/20/2022	72		Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Assistant (EFDA)	1.00	7/8/2022	84		Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Assistant (EFDA)	1.00	5/2/2022	151		Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Assistant (EFDA)	1.00	5/3/2021	515		Non duplicated: Not posted
HD FQHC Dental	Dental Assistant (EFDA)	0.75	2/22/2021	585		Non duplicated: Not posted
HD FQHC Dental	Dental Assistant (EFDA)	1.00	5/18/2020	865		Non duplicated: Not posted
HD FQHC Dental	Dental Hygienist	1.00	1/12/2022	261	\$271,726	Non duplicated: Interview or final hire stage
HD FQHC Dental	Dental Hygienist	0.75	3/11/2022	203	\$158,507	Non duplicated: Not posted
HD FQHC Dental	Dental Hygienist	0.75	8/18/2022	43	\$33,575	Non duplicated: Not posted
HD FQHC Dental	Dental Hygienist	1.00	7/21/2022	71	\$73,918	Non duplicated: Posted for recruitment
HD FQHC Dental	Dental Hygienist	1.00	9/2/2022	28	\$29,151	Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Development Analyst	1.00	7/1/2022	91		Non duplicated: Not posted
HD FQHC ICS Administration	Development Analyst	1.00	2/3/2021	604		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Development Analyst Senior	1.00	7/1/2021	456		Non duplicated: Not posted
HD FQHC Health Center Operations	Eligibility Specialist	1.00	7/6/2022	86		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operations	Eligibility Specialist	1.00	9/17/2022	13		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operations	Eligibility Specialist	1.00	2/15/2022	227		Non duplicated: Not posted
HD FQHC Health Center Operations	Eligibility Specialist	1.00	8/23/2022	38		Non duplicated: Not posted
HD FQHC ICS Administration	Finance Specialist 1	1.00	5/31/2022	122		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Finance Specialist Senior	1.00	8/5/2021	421		Non duplicated: Not posted
HD FQHC ICS Administration	Finance Specialist Senior	1.00	8/5/2021	421		Non duplicated: Not posted
HD FQHC ICS Administration	Finance Supervisor	1.00	8/13/2021	413		Non duplicated: Posted for recruitment
HD FQHC Dental	Health Assistant 2	1.00	5/26/2022	127		Non duplicated: Interview or final hire stage
HD FQHC Dental	Health Assistant 2	1.00	5/26/2022	127		Non duplicated: Interview or final hire stage
HD FQHC Dental	Health Assistant 2	1.00	5/26/2022	127		Non duplicated: Interview or final hire stage
HD FQHC ICS Administration	Integrated Clinical Services Director	1.00	2/12/2022	230		Total duplicated, inactive vacancies
HD FQHC ICS Administration	IT Manager	1.00	5/16/2022	137		Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Licensed Community Practical Nurse	1.00	8/12/2022	49		Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Management Analyst	1.00	4/27/2022	156		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Manager 1	1.00	8/3/2022	58		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Administration and Support	Manager 1	0.80	6/15/2020	837		Non duplicated: Not posted

HD FQHC HIV Clinic	Manager 1	1.00	7/17/2021	440		Non duplicated: Posted for recruitment
HD FQHC HIV Clinic	Manager 1	1.00	8/26/2022	35		Non duplicated: Posted for recruitment
HD FQHC Dental	Manager 2	1.00	9/9/2022	21		Non duplicated: Posted for recruitment
HD FQHC HIV Clinic	Medical Assistant	1.00	9/2/2022	28		Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic	Medical Assistant	1.00	9/2/2022	28		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	1.00	8/11/2022	50		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	1.00	4/7/2022	176		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	1.00	4/30/2022	153		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	1.00	1/16/2022	257		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	1.00	9/6/2022	24		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Medical Assistant	1.00	7/21/2022	71		Non duplicated: Interview or final hire stage
HD FQHC Student Health Centers	Medical Assistant	0.67	7/22/2022	70		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	1.00	9/13/2022	17		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	1.00	9/7/2022	23		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	1.00	9/7/2022	23		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	1.00	9/7/2022	23		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Medical Assistant	1.00	3/3/2022	211		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	3/21/2022	193		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Medical Assistant	1.00	4/4/2022	179		Non duplicated: Posted for recruitment
HD FQHC HIV Clinic	Medical Assistant	2.00	8/15/2022	46		Non duplicated: Posted for recruitment
HD FQHC Lab	Medical Laboratory Technician	1.00	7/1/2021	456		Non duplicated: Not posted
HD FQHC Lab	Medical Laboratory Technician	1.00	12/18/2021	286		Non duplicated: Posted for recruitment
HD FQHC Lab	Medical Laboratory Technician	1.00	3/1/2022	213		Non duplicated: Posted for recruitment
HD FQHC Lab	Medical Technologist	1.00	4/15/2022	168		Non duplicated: Not posted
HD FQHC Lab	Medical Technologist	1.00	7/13/2022	79		Non duplicated: Not posted
HD FQHC Lab	Medical Technologist	1.00	3/23/2021	556		Non duplicated: Posted for recruitment
HD FQHC HIV Clinic	Nurse Practitioner	0.60	3/4/2022	210	\$112,192	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	1/8/2022	265	\$188,767	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	8/2/2021	424	\$302,027	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	10/31/2020	699	\$497,918	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	10/12/2021	353	\$251,452	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	4/13/2022	170	\$121,096	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	5/18/2022	135	\$96,164	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Nurse Practitioner	0.50	10/12/2021	353	\$157,158	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	7/9/2022	83	\$59,123	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.50	4/11/2022	172	\$76,575	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	7/15/2022	77	\$54,849	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	12/30/2021	274	\$195,178	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Nurse Practitioner	0.80	5/21/2022	132	\$94,027	Non duplicated: Posted for recruitment
HD FQHC Dental	Office Assistant 2	1.00	5/2/2022	151		Non duplicated: Interview or final hire stage
HD FQHC Dental	Office Assistant 2	1.00	9/19/2022	11		Non duplicated: Interview or final hire stage
HD FQHC Dental	Office Assistant 2	1.00	4/1/2022	182		Non duplicated: Interview or final hire stage
HD FQHC Dental	Office Assistant 2	1.00	9/17/2022	13		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operations	Office Assistant 2	1.00	5/28/2022	125		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operations	Office Assistant 2	1.00	8/15/2022	46		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operations	Office Assistant 2	1.00	7/26/2022	66		Non duplicated: Interview or final hire stage
HD FQHC Health Center Operations	Office Assistant 2	1.00	9/1/2022	29		Non duplicated: Interview or final hire stage
HD FQHC Dental	Office Assistant 2	1.00	8/1/2022	60		Non duplicated: Interview or final hire stage
HD FQHC Dental	Office Assistant 2	1.00	7/5/2022	87		Non duplicated: Interview or final hire stage
HD FQHC HIV Clinic	Office Assistant 2	1.00	9/12/2022	18		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Office Assistant 2	1.00	9/16/2022	14		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Office Assistant 2	1.00	7/1/2022	91		Non duplicated: Interview or final hire stage
HD FQHC Pharmacy	Office Assistant 2	1.00	1/19/2021	619		Non duplicated: Not posted
HD FQHC Dental	Office Assistant 2	0.50	9/16/2022	14		Non duplicated: Not posted
HD FQHC Dental	Office Assistant 2	1.00	10/8/2021	357		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Office Assistant 2	1.00	9/23/2022	7		Non duplicated: Not posted
HD FQHC Primary Care Clinics	Office Assistant 2	1.00	9/15/2022	15		Non duplicated: Not posted
HD FQHC Dental	Office Assistant 2	1.00	3/16/2022	198		Non duplicated: Posted for recruitment
HD FQHC Health Center Operations	Office Assistant 2	1.00	4/1/2022	182		Total duplicated, inactive vacancies
HD FQHC Primary Care Clinics	Office Assistant Senior	1.00	6/21/2022	101		Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Office Assistant Senior	0.80	6/13/2022	109		Non duplicated: Interview or final hire stage
HD FQHC Dental	Office Assistant Senior	1.00	6/4/2022	118		Non duplicated: Not posted
HD FQHC Health Center Operations	Office Assistant Senior	1.00	4/5/2022	178		Non duplicated: Not posted
HD FQHC Dental	Office Assistant Senior	1.00	6/2/2022	120		Non duplicated: Not posted
HD FQHC Health Center Operations	Operations Supervisor	1.00	2/22/2021	585		Total duplicated, inactive vacancies

HD FQHC Pharmacy	Pharmacist	1.00	4/28/2022	155	\$127,397	Non duplicated: Interview or final hire stage
HD FQHC Pharmacy	Pharmacist	1.00	4/28/2022	155	\$127,397	Non duplicated: Interview or final hire stage
HD FQHC Pharmacy	Pharmacist	1.00	4/28/2022	155	\$127,397	Non duplicated: Interview or final hire stage
HD FQHC Pharmacy	Pharmacy Technician	1.00	9/22/2022	8		Non duplicated: Interview or final hire stage
HD FQHC Pharmacy	Pharmacy Technician	1.00	6/22/2022	100		Non duplicated: Interview or final hire stage
HD FQHC Pharmacy	Pharmacy Technician	1.00	8/13/2022	48		Non duplicated: Interview or final hire stage
HD FQHC Pharmacy	Pharmacy Technician	1.00	7/16/2020	806		Non duplicated: Not posted
HD FQHC Pharmacy	Pharmacy Technician	1.00	4/7/2022	176		Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Physician	0.80	1/8/2022	265	\$242,493	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Physician	0.80	7/5/2022	87	\$79,611	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Physician	0.60	7/1/2022	91	\$62,453	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Physician	1.00	10/1/2021	364	\$416,356	Non duplicated: Interview or final hire stage
HD FQHC Primary Care Clinics	Physician	0.50	9/7/2022	23	\$13,154	Non duplicated: Not posted
HD FQHC Primary Care Clinics	Physician Assistant	0.90	8/18/2022	43	\$37,216	Non duplicated: Posted for recruitment
HD FQHC Primary Care Clinics	Physician Assistant	0.60	2/4/2022	238	\$137,323	Non duplicated: Posted for recruitment
HD FQHC Primary Care Administration and Support	Program Specialist	1.00	5/26/2020	857		Non duplicated: Not posted
HD FQHC Quality and Compliance	Program Specialist	1.00	2/26/2021	581		Non duplicated: Not posted
HD FQHC Pharmacy	Program Specialist	1.00	8/2/2022	59		Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Program Specialist Senior	1.00	4/29/2021	519		Non duplicated: Not posted
HD FQHC Dental	Program Supervisor	1.00	9/12/2022	18		Non duplicated: Not posted
HD FQHC Health Center Operations	Program Supervisor	1.00	8/16/2022	45		Non duplicated: Not posted
HD FQHC HIV Clinic	Program Supervisor	1.00	2/19/2022	223		Non duplicated: Posted for recruitment
HD FQHC Dental	Program Supervisor	1.00	8/4/2022	57		Non duplicated: Posted for recruitment
HD FQHC ICS Administration	Project Manager Represented	1.00	10/18/2021	347		Non duplicated: Not posted
HD FQHC ICS Administration	Project Manager Represented	1.00	9/22/2022	8		Non duplicated: Not posted
HD FQHC Quality and Compliance	Project Manager Represented	1.00	12/3/2020	666		Total duplicated, inactive vacancies
HD FQHC ICS Administration	Quality Manager	1.00	11/1/2020	698		Total duplicated, inactive vacancies

1. Itemized General Journal Entries Pivot Table

Row Labels	Sum of Amount
01505 Federal/State Program Fund	141.17
03003 Health Department FQHC Fund	7,382.71
10020 Medicaid Quality and Incentives	(100.00)
19067 ARPA Federal Multco American Rescue Plan Act	528.00
19077 ARPA Federal Community Health Centers 93.224	1,042,434.90
30001 Fee for Services (FFS) - FQHC Medicaid Wraparound	99,308.78
30002 Other - Medicaid Quality and Incentives	30,428.10
30004 Federal - Primary Care (PC) 330 - 93.224	(50.02)
30007 Federal - Homeless General - 93.224	(250.02)
30012 State - School Based Health Clinics (SBHC)	4,207.46
30013 Fee for Services (FFS) - Medicaid - Care Oregon	1,475,191.15
30014 Fee for Services (FFS) - Medicaid	229,143.57
30015 Fee for Services (FFS) - Medicare	257,319.27
30017 Fee for Services (FFS) - Oregon ContraceptiveCare (CCare)	268.02
30018 Fee for Services (FFS) - Medicaid Pharmacy	1,470.70
30035 Other - Medicare Wellness	-
30049 Fee for Services (FFS) - Patient Fees 3rd Party	60,741.16
30050 Fee for Services (FFS) - Patient Fees	812.70
Grand Total	3,208,977.65

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Reference Guide: Internal Services and Indirect Charges

The Health Department's total indirect rate is made up of two separate rates. The first establishes support costs internal to the Health Department and the other identifies countywide (Central) support costs:

Departmental Indirect Cost Rates: Each department pays a rate based on departmental administrative costs incurred within the organization. Only costs not charged directly to grants are included in the departmental rates. This is the **Health Department Indirect Rate**, and is calculated using a cost pool method:

$$\frac{\text{Indirect Eligible Payroll}}{\text{Total Health Dept Direct Payroll}} = \text{HD Indirect Rate \%}$$

$$\text{HD Indirect Rate (\%)} \times \text{Division Payroll (\$)}^* = \text{Division pays to HD Indirect Cost Pool (\$)}$$

Central Service Cost Allocation: The Cost Allocation Plan identifies and distributes the personnel cost of services provided by County support divisions to County departments (Health, Sheriff, etc.) as a flat county-wide central service rate. Central services include Internal Auditor, Central Budget Office, Workday ERP Support, Central Finance, Central Human Resources and Strategic Sourcing.

Combined Indirect Cost Rates: These are the indirect rates that each department may charge to grants. Indirect cost rates are applied to direct personnel expenditures only.

Separate from indirect rate are internal services, which includes Fleet Management, Information Technology, Mail & Distribution, Facilities, and Risk Management. Internal services are directly charged to departmental users. Charges to the County departments are calculated to recover costs and maintain capital. Below is a short description of each internal service. Rates for the internal service providers are posted on the County's public website at:

<https://multco.us/budget/fy-2023-county-assets-cost-allocations>